09/11/2008 12:21

(Rev. 12/2004)

Image# 28992134228

FEC FORM 3X

NAME OF

COMMITTEE (in full)

Check if different than previously

reported. (ACC)

C00343459

TYPE OF REPORT

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Office

Use

Only

October 15

(Choose One)

1.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only **USE FEC MAILING LABEL** Example: If typing, type OR TYPE OR PRINT over the lines American College of Radiology Association 1891 Preston White Drive ADDRESS (number and street) Reston ٧A 20191 FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** Χ REPORT OR (N) (A) (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report in the Election on State of 06 0 1 2007 06 3 0 2007 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DR Milton Guiberteau Type or Print Name of Treasurer Electronically Filed by DR Milton Guiberteau 09 11 2008 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. **FEC FORM 3X**

FE6AN026

SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name American College of Radiology Assoc	siation	
F	teport Covering the Period: From:	M M D D D 2 0 0 7	To: 0 6 3 0 2 0 0 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		365524.77
	(b) Cash on Hand at Begining of Reporting Period	556728.21	
	(c) Total Receipts (from Line 19)	18455.42	536328.64
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	575183.63	901853.41
7.	Total Disbursements (from Line 31)	96713.05	423382.83
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	478470.58	478470.58
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name
American College of Radiology Association

Report Covering the Period: From:

M M M D D D D Y Y Y W Y TO:

To:

To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	14948.46	458690.00
(ii) Unitemized	2446.39	71332.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17394.85	530022.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17394.85	530022.29
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	1060.57	6306.35
8. Transfers from Non-Federal and Levin Funds	s	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18455.42	536328.64
Total Federal Receipts (subtract Line 18(c) from Line 19)	18455.42	536328.64

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	3928.00
	Expenditures(c) Total Operating Expenditures	0.00	3920.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	3928.00
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	96000.00	409000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	The state of the s		
7. 8.		0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	713.05	10454.83
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i caciai oriaic	0.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	96713.05	423382.83
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	96713.05	423382.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	17394.85	530022.29
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	17394.85	530022.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	3928.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3928.00

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persod dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American College of Radiology Association	ciation		
۷.	Full Name (Last, First, Middle Initial) Dr. James Jelinek			Date of Receipt
	Mailing Address Washington Hospital 110 Irving St NW BA			0 6 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 20469494
	Washington	DC	20010-2975	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Center Radiology	Occupation Diagnos	on tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00	
— 3.	Full Name (Last, First, Middle Initial) Dr. Steven Brick			Date of Receipt
	Mailing Address 8314 Snug Hill Ln	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 20469495
	Potomac	MD	20854-4057	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Drs. Groover, Christie, & Merritt, PC	Occupation Diagnost	on tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Janet Storella			Date of Receipt
	Mailing Address 6515 Fallwind Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20469496
	Bethesda	MD	20817-4941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Drs Grover, Christie & Me- rritt	Occupation Diagnost	on tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			125.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ciation	
Full Name (Last, First, Middle Initial) Dr. Gregory Boys		Date of Receipt
Mailing Address South Texas Radiolo PO Box 29441		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20469497
San Antonio	TX 78229-0441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer South Texas Radiology Gro-	Occupation Diagnostic Radiologist	
up Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
Full Name (Last, First, Middle Initial) Dr. Michael Middlebrook		Date of Receipt
Mailing Address South Texas Radiolo 8401 Datapoint Dr St	06 19 2007	
City	State Zip Code	Transaction ID: 20469498
San Antonio	TX 78229-5907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	900.00
Name of Employer South Texas Radiology Gro- up, P.A.	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	900.00	
Full Name (Last, First, Middle Initial) Dr. Barry Menick	<u> </u>	Date of Receipt
Mailing Address 333 Elizabeth Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20469499
San Antonio	TX 78209-5960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer South Texas Radiology Gro- up, P.A.	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)		3400.00
SOBTOTAL of Necepts This Page (optional)		

SCHEDULE A (FEC Form SITEMIZED RECEIPTS Any information copied from such Reports	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 56 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American College of Radiology A	ing the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Brick		Date of Receipt
Mailing Address 8314 Snug Hill Li	n	06 19 2007
City	State Zip Code	Transaction ID: 20469500
Potomac	MD 20854-4057	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Drs. Groover, Christie,	Occupation Diagnostic Radiologist	
& Merritt, PC Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Dr. Janet Storella	I	Date of Receipt
Mailing Address 6515 Fallwind Ln	1	M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O
City	State Zip Code	Transaction ID: 20469501
<u>Bethesda</u>	MD 20817-4941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Drs Grover, Christie & Me- rritt	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Chang	I	Date of Receipt
Mailing Address Associated Radio		0 6 1 9 2 0 0 7
City	State Zip Code	Transaction ID: 20469502
<u>Mesa</u>	AZ 85204-5045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (option	onal)	220.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 9 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be solone name and address of any	d or used by any persor political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ciation		
Full Name (Last, First, Middle Initial) Dr. Kevin Duwe			Date of Receipt
	Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200		
City	State Zip Co	de	Transaction ID: 20469503
<u>Mesa</u>	AZ 85204	-5045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiolo	gist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	240.00	
Full Name (Last, First, Middle Initial) Dr. Craig Hancock			Date of Receipt
Mailing Address Associated Radiolog 1125 E Southern Ave		0 6 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Co		Transaction ID: 20469504
Mesa FEC ID number of contributing federal political committee.	AZ 85204	-5046	Amount of Each Receipt this Period
rederal political committee.			
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiolo	gist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Da	te ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Hu			Date of Receipt
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300			0 6 1 9 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	de	Transaction ID: 20469505
Mesa	AZ 85204	-5046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiolo	gist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	240.00	
SUBTOTAL of Receipts This Page (optional)	1		420.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations (In Full)	e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William Jacoby Mailing Address Associated Radiologis 1125 E Southern Ave City		Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Mesa	AZ	85204-5046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03204-3040	175.00
Name of Employer EVDI Medical Imaging Receipt For: Primary General Other (specify) ▼	<u>-</u> -	n cic Radiologist e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Asim Khwaja Mailing Address Associated Radiologis 1125 E Southern Ave			Date of Receipt 0 6 1 9 2 0 0 7
City	State	Zip Code	Transaction ID: 20469510
<u>Mesa</u>	AZ	85204-5045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnost	n iic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Mark Madsen	I		Date of Receipt
Mailing Address 9770 E Mission Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20469511
Scottsdale	AZ	85258-5619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional) .			455.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American College of Radiology Asso	he name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. John McGill Mailing Address 9318 E Flathorn Dr City	State	Zip Code	Date of Receipt M M M
Scottsdale FEC ID number of contributing federal political committee.	AZ C	85255-6607	Amount of Each Receipt this Period 140.00
Name of Employer EVDI Medical Imaging Receipt For: Primary General Other (specify) ▼		Radiologist /ear-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Joel Rainwater Mailing Address 9820 E Thompson P Unit 828 City	Date of Receipt M M		
Scottsdale FEC ID number of contributing federal political committee.	AZ C	85255-6663	Amount of Each Receipt this Period 140.00
Name of Employer EVDI Medical Imaging Receipt For: Primary General Other (specify)		Radiologist ′ear-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Brent Saunders Mailing Address Associated Radiolog	ists I td		Date of Receipt
1125 E Southern Ave City Mesa	Ste 300 State AZ	Zip Code 85204-5046	Transaction ID: 20469516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		140.00
Name of Employer EVDI Medical Imaging Receipt For:	<u> </u>	Radiologist	
Primary General Other (specify) ▼	, tygi ogato 1	240.00	
SUBTOTAL of Receipts This Page (optional)			420.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 56 (check only one) X 11a	
or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ciation		
Full Name (Last, First, Middle Initial) Dr. Joel Schein		Date of Receipt	
Mailing Address Associated Radiologi 1125 E Southern Ave		06 19 2007	
City	State Zip Code	Transaction ID: 20469517	
Mesa	AZ 85204-5046	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	140.00	
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) Dr. Mari Schenk	.1	Date of Receipt	
Mailing Address 15114 E Ridgeway D	r	0 6 1 9 2 0 0 7	
City	State Zip Code	Transaction ID: 20469518	
Fountain Hills	AZ 85268-4842	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	175.00	
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) Dr. Marvin Silvey		Date of Receipt	
1125 E Southern Ave			
City	State Zip Code	Transaction ID: 20469519	
Mesa	AZ 85204-5046	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	140.00	
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist		
Receipt For:	Aggregate Year-to-Date ▼	_	
Primary General Other (specify) ▼	240.00		
		455.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American College of Radiology Associ	ation	_
Full Name (Last, First, Middle Initial) Dr. Mark Slepian Mailing Address 9664 E Davenport Dr		Date of Receipt
City	State Zip Code	M M O 6 1 9 2 0 0 7 Transaction ID: 20469520
<u>Scottsdale</u>	AZ 85260-1426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Elizabeth Brooke Spencer		Date of Receipt
Mailing Address 26555 N 86th St		06 19 2007
City	State Zip Code	Transaction ID: 20469522
Scottsdale	AZ 85255-1460	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Marvin Tam		Date of Receipt
Mailing Address Associated Radiologist 1125 E Southern Ave S	Ste 200	06 19 7 2007
City	State Zip Code	Transaction ID: 20469523
Mesa	AZ 85204-5045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		420.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 56 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
American College of Radiology As	sociation	
Full Name (Last, First, Middle Initial) Dr. Harold Walker		Date of Receipt
Mailing Address 16420 E Houston	Avenue	0 6 1 9 2 0 0 7
City	State Zip Code	Transaction ID: 20469525
Gilbert	AZ 85234-4024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Dr. Stephanie Wang		Date of Receipt
Mailing Address 3415 E Harvard A	ve	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20469526
Gilbert	AZ 85234-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Marc Weinstein		Date of Receipt
Mailing Address 8379 E Tailfeather	Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20469527
Scottsdale	AZ 85255-6459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
		385.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 56 (check only one) X
or for con	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) rican College of Radiology Associa	name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Dr. Ja	ame (Last, First, Middle Initial) n Brekke g Address 4117 N Windover Ct	State	Zip Code	Date of Receipt 0 6 1 9 2 0 0 7 Transaction ID: 20469528
	eton D number of contributing all political committee.	C	54913-6321	Amount of Each Receipt this Period 210.00
Recei	of Employer Radiologists Ltd pt For: Primary General Other (specify)		n cic Radiologist e Year-to-Date ▼ 210.00	
Dr. Ch	ame (Last, First, Middle Initial) ristian Dewald g Address 4747 W Creedance Blv	d		Date of Receipt 0 6 1 9 2 0 0 7
City		State	Zip Code	Transaction ID: 20469529
	dale D number of contributing all political committee.	C	85310-3840	Amount of Each Receipt this Period 210.00
Name Valley	of Employer Radiologists Ltd	Occupatio	n ic Radiologist	
	pt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 210.00	
	ame (Last, First, Middle Initial) oward Fleishon			Date of Receipt
	g Address 3690 E Camino Sin No	mbre		0 6 1 9 2 0 0 7
City	dise Valley	State AZ	Zip Code 85253-5011	Transaction ID: 20469530 Amount of Each Receipt this Period
FEC I	D number of contributing all political committee.	C	00200 0011	280.00
Name Valley	of Employer r Radiologists LTD	Occupatio Diagnost	n ic Radiologist	7
	pt For: Primary General Other (specify) ▼	<u> </u>	e Year-to-Date ▼ 530.00	
SUBTO	TAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persor the name and address of any political committee to see the second	n for the purpose of soliciting contributions solicit contributions from such committee.
American College of Radiology Asso	ciation	
Full Name (Last, First, Middle Initial) Dr. Brian Frohna Mailing Address 404.0 F. Brian Aven		Date of Receipt
Mailing Address 4910 E Beryl Ave City	State Zip Code	0 6 1 9 2 0 0 7 Transaction ID: 20469531
Paradise Valley	AZ 85253-1048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	420.00
Name of Employer Valley Radiologists Ltd	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Dr. Bilal Mian		Date of Receipt
Mailing Address Valley Radiologists L 2323 W Rose Garder	ı Ln	06 19 / 2007
City	State Zip Code	Transaction ID: 20469534
Phoenix	AZ 85027-2530	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	210.00
Name of Employer Valley Radiologists Ltd	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dr. Phillip Moeser		Date of Receipt
Mailing Address 9101 N 60th St		06 19 7 2007
City	State Zip Code	Transaction ID: 20469535
Paradise Valley	AZ 85253-1717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	210.00
Name of Employer Valley Radiologists, Ltd.	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		840.00
TOTAL This Period (last page this line number		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	Statements may n	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Assoc	e name and addre	ess of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Susannah Thurman Mailing Address 11135 E Mirasol Cir			Date of Receipt
	City	State	Zip Code	0 6 1 9 2 0 0 7 Transaction ID: 20469536
	Scottsdale	AZ	85255-1999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Valley Radiologists Ltd	Occupation Diagnostic	Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 210.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Saravanan Valliappan			Date of Receipt
	Mailing Address 206 N Aleppo Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20469538
	<u>Litchfield Park</u>	AZ	85340-6003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer Valley Radiologists Ltd	Occupation Diagnostic	Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 350.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Stanley Wehn			Date of Receipt
	Mailing Address 6010 E Doubletree Ra	anch Rd		06 19 2007
	City	State	Zip Code	Transaction ID: 20469544
	Paradise Valley	AZ	85253-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		210.00
	Name of Employer Valley Radiologists Ltd	_ 	Radiologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)			770.00
Г				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 56 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Brian Yuh Mailing Address 1615 E Sheena Dr			Date of Receipt
City Phoenix	State AZ	Zip Code 85022-4599	Transaction ID: 20469545 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	05022 4555	210.00
Name of Employer Valley Radiologists Ltd Receipt For:		n ic Radiologist e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	210.00	
Full Name (Last, First, Middle Initial) Dr. Mark Yuhasz Mailing Address Tacoma Radiologic	al Associates		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 1535	State	Zip Code	Transaction ID: 20471401
Tacoma	WA	98401-1535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Tacoma Radiology Associat- es		ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen			Date of Receipt
Mailing Address 6612 Cliffbrook Dr			06 19 2007
City	State	Zip Code	Transaction ID: 20471402
<u>Dallas</u>	TX	75254-8613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Southwest Imaging & Inter- ven specialis Receipt For:		n ic Radiologist e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	1500.00]
SUBTOTAL of Receipts This Page (optiona	n		960.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 56 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	nd Statements may not be sold or used by any per the name and address of any political committee sociation	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles Williams, III Mailing Address 2117 Cleveland Str	eet Ext	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477837
Greenville	SC 29607-3649	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Greenville Radiology, PA	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William Ketcham, II Mailing Address 8824 Wildflower Dr.		Date of Receipt
Mailing Address 8624 Wildhower Di		06 20 7 2007
City	State Zip Code	Transaction ID: 20477840
Cheyenne	WY 82009-1215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Baylor College of Medicine	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Beloni		Date of Receipt
Mailing Address 5624 Laurium Rd		0 6 2 0 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477841
Charlotte	NC 28226-5610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	J)	135.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American College of Radiology As	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David Buck Mailing Address 144 Penhurst Dr		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsburgh	State Zip Code PA 15235-5320	Transaction ID: 20477843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.42
Name of Employer Greensburg X-Ray Associates Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 560.84	
Full Name (Last, First, Middle Initial) Dr. David Marcantonio Mailing Address William Beaumon 3601 W 13 Mile R		Date of Receipt 0 6 2 0 7 2 0 0 7
City	State Zip Code	Transaction ID: 20477844
Royal Oak	MI 48073-6769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Georgia West Imaging	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Kent Lancaster		Date of Receipt
Mailing Address Radiology Associated 416 State St Ste A	1	06 20 7 2007
City <u>Sa</u> int Joseph	State Zip Code MI 49085-1250	Transaction ID: 20477847 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	42.00
Name of Employer Radiology Associates of Berrie	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
SURTOTAL of Receipts This Page (option	nal)	172.42

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	λ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/56 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Ass		· · ·	
Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons			Date of Receipt
Mailing Address Gundersen Luthera 1900 South Ave	n Clinic		0 6 2 0 7 2 0 0 7
City La Crosse	State WI	Zip Code 54601-5494	Transaction ID: 20477848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnost	n ic Radiologist	7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Dr. Terry Martin	I		Date of Receipt
Mailing Address Rad Assoc of Biirm 2090 Columbiana F			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Birmingham	State AL	Zip Code 35216-2152	Transaction ID: 20477849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Rad Assoc of Biirmingham PC	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Douglas Picton			Date of Receipt
Mailing Address 1911 NC Highway 1	121		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20477850
Greenville FEC ID number of contributing federal political committee.	NC C	27834-7187	Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optiona	J)		181.67

SCHEDULE A (FEC Form 3XITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 56 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr. Brian Kuszyk Mailing Address 3219 Old Oak Walk	ζ	Date of Receipt
City	State Zip Code	0 6 2 0 2 0 0 7 Transaction ID: 20477853
Greenville	NC 27858-8441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Cohen		Date of Receipt
Mailing Address 1480 Brookfield Ro	ad	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z O O 7
City	State Zip Code	Transaction ID: 20477854
<u>Yardley</u>	PA 19067-3930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Radiology Affiliates of Central NJ	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	
Full Name (Last, First, Middle Initial) Dr. Michael Tripp		Date of Receipt
Mailing Address 751 Lexington Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477855
Greenville	NC 27834-0508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	l)	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 56 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persongle name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American College of Radiology Associated Pull Name (Last, First, Middle Initial)	siation	Date of Baseint
Dr. Douglas Shusterman Mailing Address Eastern Radiologists 9 Doctors Park		Date of Receipt 0 6 2 0 2 0 7
City Greenville	State Zip Code NC 27834-2801	Transaction ID: 20477856
FEC ID number of contributing federal political committee.	NC 27834-2801	Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Eric M. Martin		Date of Receipt
Mailing Address 1818 Bloomsbury Rd		06 20 2007
City	State Zip Code	Transaction ID: 20477857
Greenville	NC 27858-9612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) Dr. Jeffrey Mewborne		Date of Receipt
Mailing Address 1702 S Thames Ct		0 6 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477860
Greenville	NC 27858-8130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional) .		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 56 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Radiology Asso	ociation		
Full Name (Last, First, Middle Initial) Dr. James Eisenberg			Date of Receipt
Mailing Address The Defiance Clinic 1400 E 2nd St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20477863
Defiance	OH	43512-2494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Defiance Clinic	Occupation	n ic Radiologist	
Receipt For:		Year-to-Date V	\dashv
Primary General Other (specify) ▼	Aggregate	600.00	
Full Name (Last, First, Middle Initial) Dr. Ira Adler			Date of Receipt
Mailing Address 1811 Bloomsbury Ro	i		06 20 7 2007
City	State	Zip Code	Transaction ID: 20477909
Greenville	NC	27858-9617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Eastern Radiologists	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) Dr. Eric Sax			Date of Receipt
Mailing Address 9 Old Sudbury Rd			06 20 7 2007
City	State	Zip Code	Transaction ID: 20477910
Lincoln	MA	01773-4807	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.34
Name of Employer The Imaging Institute	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify)		500.04	
			223.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associ	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jorge Albin Mailing Address 645 Mulberry Ln City Bellaire FEC ID number of contributing federal political committee. Name of Employer St Joseph Radiology Associates Receipt For: Primary General Other (specify)	State Zip Code TX 77401-3803 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20477911 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Dr. Joseph Lurito Mailing Address Eastern Radiologists 9 Doctors Park City Greenville FEC ID number of contributing federal political committee. Name of Employer Eastern Radiologists Receipt For: Primary General Other (specify)	State Zip Code NC 27834-2801 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III Mailing Address 52 Harwich Rd City Chestnut Hill FEC ID number of contributing federal political committee. Name of Employer Deaconess Hospital Receipt For: Primary General Other (specify)	State Zip Code MA 02467-3023 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 251.34	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		133.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page nd Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 26 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	g the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Demetrius Morros		Date of Receipt
Mailing Address 7418 Ridgecrest C	ourt Rd	06 20 2007
City	State Zip Code	Transaction ID: 20477915
<u>Birmingham</u>	AL 35242-0525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer Birmingham Radiological	Occupation	7
Group P.C. Receipt For:	Diagnostic Radiologist Aggregate Year-to-Date ▼	\dashv
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) Dr. Steven Leibel		Date of Receipt
Mailing Address Stanford Cancer C 875 Blake Wilbur D	06 20 7 2007	
City	State Zip Code	Transaction ID: 20477918
<u>Stanford</u>	CA 94305-5827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Stanford University	Occupation Radiation Oncologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Kevin O'Brien		Date of Receipt
Mailing Address St Johns Macomb 11800 E 12 Mile Ro	Hospital d	06 20 7 2007
City	State Zip Code	Transaction ID: 20477920
Warren	MI 48093-3494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Diagnostic Radiology Cons- ultants. PC	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
		163.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 56 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American College of Radiology Asso	Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to ociation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John D. Howard Mailing Address Charlotte Radiology PO Box 36937 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Charlotte Radiology	State Zip Code NC 28236-6937 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Charlotte Radiology Receipt For: Primary General Other (specify) ▼	Diagnostic Radiologist Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Michael Lavelle Mailing Address 12103 Woodcliff Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477923
Charlotte	NC 28277-3033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Dr. Robert Mittl, JR		Date of Receipt
Mailing Address 4733 Coburn Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20477924
Charlotte	NC 28277-2593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optional)		122.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 56 (check only one) X
or for commerci	al purposes, other than using the OMMITTEE (In Full)	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
American	College of Radiology Associ	ation		
Dr. Joseph Bi				Date of Receipt
Mailing Addr	ess Reading Hospital & Me 300 S 6th Ave	edical Ctr		06 26 2007
City <u>Reading</u>		State PA	Zip Code 19611-1428	Transaction ID: 20574113
FEC ID num	ber of contributing cal committee.	C	19011-1420	Amount of Each Receipt this Period 500.00
SOC.	ployer ng Radiology As-	, <u> </u>	ic Radiologist	
Receipt For: Primar Other (y General (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Dr. Daniel Sc				Date of Receipt
Mailing Addr	ess 1250 McLynn Ave NE			0 6 2 6 2 0 0 7
City		State	Zip Code	Transaction ID: 20574114
Atlanta		GA	30306-2530	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		40.00
Name of Em Georgia Bap	ployer tist Hospital	Occupatio Diagnost	n ic Radiologist	
Receipt For:		Aggregate	e Year-to-Date ▼	
Other (y		240.00	
Full Name (L Dr. Steven Br	ast, First, Middle Initial) ick			Date of Receipt
Mailing Addr	ess 8314 Snug Hill Ln			0 6 2 6 2 0 0 7
City		State	Zip Code	Transaction ID: 20574119
Potomac		MD	20854-4057	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		40.00
Name of Em Drs. Groove & Merritt, PC	,		ic Radiologist	
Receipt For: Primar Other (Aggregate	e Year-to-Date ▼ 480.00	
SUBTOTAL of	Receipts This Page (optional)			580.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Asso	Statements may not be sold or used by any persone name and address of any political committee to ociation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Janet Storella Mailing Address 6515 Fallwind Ln		Date of Receipt
City	State Zip Code	7
Bethesda FEC ID number of contributing federal political committee.	MD 20817-4941	Amount of Each Receipt this Period 40.00
Name of Employer Drs Grover, Christie & Me- rritt Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Dr. Isaac Kirk, III Mailing Address 2211 Sheridan St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Houston FEC ID number of contributing federal political committee.	State Zip Code TX 77030-2015	Transaction ID: 20574174 Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph Radiology Associates Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael Soehnlen		Date of Receipt
Mailing Address 18882 Withrich Rd		06 26 2007
City <u>Dalton</u>	State Zip Code OH 44618-8923	Transaction ID: 20574178 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Radiology Associates of Canton Receipt For: Primary General Other (specify) ▼	Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		540.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	nd Statements may not be sold or used by any person g the name and address of any political committee to sociation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Frederick Conard, III Mailing Address 22 Sunset Farm Re City West Hartford FEC ID number of contributing federal political committee. Name of Employer Jefferson Radiology Receipt For: Primary General	State Zip Code CT 06107-1314 C Occupation Diagnostic Radiologist Aggregate Year-to-Date	Date of Receipt M M / D 2 6 / 2 0 0 7 Transaction ID: 20574180 Amount of Each Receipt this Period 300.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Thomas Poulton Mailing Address Aultman Hospital 2600 6th St SW City Canton	State Zip Code OH 44710-1799	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Aultman Hospital Receipt For: Primary General Other (specify)	Occupation Diagnostic Radiologist Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Bibb Allen, JR Mailing Address 2000A Southbridge City Birmingham FEC ID number of contributing federal political committee.	State Zip Code AL 35209-1327	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Montclair Baptist Medical Center Receipt For: Primary General Other (specify)	Occupation Diagnostic Radiologist Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (option	al)	800.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American College of Radiology As	and Statements may not be sold or used by any person ng the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Para (Parairi
Dr. Kevin Smith Mailing Address Regional Diagnos 1406 6th Ave N	tic Radiology	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20574212
Saint Cloud	MN 56303-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Regional Diagnostic Radio- logy	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark Bernardy	l .	Date of Receipt
Mailing Address 1031 Jimson Dr S	SE .	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20574216
Conyers	GA 30013-2064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Dr. Marcela Bohm-Velez		Date of Receipt
Mailing Address Weinstein Imaging 5850 Centre Ave	g Associates	0 6 2 6 2 0 0 7
City <u>Pittsburgh</u>	State Zip Code PA 15206-3780	Transaction ID: 20574218 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	166.67
Name of Employer Weinstein Imaging Associa- tes	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.02	
SUBTOTAL of Receipts This Page (option	nal)	541.67

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 56 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Raja Cheruvu			Date of Receipt
Mailing Address 165 Via Foresta Lr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Williamsville	State NY	Zip Code 14221-1984	Transaction ID: 20574219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	THEET TOOT	50.00
Name of Employer Baylor College of Medicine	Occupatio Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr. Michael Brannon	I		Date of Receipt
Mailing Address 7 Foxglove Ct			06 26 2007
City	State	Zip Code	Transaction ID: 20574221
Greenville FEC ID number of contributing federal political committee.	SC	29615-5505	Amount of Each Receipt this Period 42.00
Name of Employer Greenville Radiology	Occupatio Diagnost	n iic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 252.00]
Full Name (Last, First, Middle Initial) Dr. Elizabeth D'Angelo	I		Date of Receipt
Mailing Address 108 Bur Ben Ln			0 6 2 6 2 0 0 7
City	State	Zip Code	Transaction ID: 20574222
New Bern	NC	28560-7520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Coastal Radiology	''	ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)		192.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 56 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology As	and Statements may not be sold or used by any persor g the name and address of any political committee to s esociation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce Schroeder Mailing Address 738 Lexington Dr		Date of Receipt
Mailing Address 738 Lexington Dr		06 26 2007
City	State Zip Code	Transaction ID: 20574223
Greenville FEC ID number of contributing federal political committee.	NC 27834-0507	Amount of Each Receipt this Period 40.00
Name of Employer Eastern Radiologists	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Kerry Chandler		Date of Receipt
Mailing Address 4100 Mullcroft Pl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20574224
Fuquay Varina	NC 27526-8658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Wake Radiology Consultants	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Carl Eisenberg		Date of Receipt
Mailing Address Charlotte Radiolog PO Box 36937	у	06 26 2007
City	State Zip Code	Transaction ID: 20574225
Charlotte	NC 28236-6937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option	al)	130.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 56 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Asset	d Statements may not be sold or used by any personant the name and address of any political committee to ociation	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. James Hiken		Date of Receipt
Mailing Address 7109 Cove Pointe P		0 6 2 6 2 0 0 7 2 0 0 7
City Prospect	State Zip Code KY 40059-9680	Transaction ID: 20574226
FEC ID number of contributing federal political committee.	C 40039-9000	Amount of Each Receipt this Period 40.00
Name of Employer Diag. Imaging Alliance of Louisville	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Edward Sullivan, III		Date of Receipt
Mailing Address Radiology Assoc of 2090 Columbiana R	d Ste 4400	06 26 2007
City Birmingham	State Zip Code AL 35216-2153	Transaction ID: 20574268
FEC ID number of contributing federal political committee.	C 33210-2133	Amount of Each Receipt this Period 40.00
Name of Employer Radiology Associates of Birmingham	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dr. Stuart Moses		Date of Receipt
Mailing Address 14 Timber Dr		06 26 2007
City	State Zip Code	Transaction ID: 20574269
North Caldwell FEC ID number of contributing	NJ 07006-4406	Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer	Occupation	
Name of Employer Self-employed	Diagnostic Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations (In Full)	Statements may not be sold or used by any person e name and address of any political committee to citation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert Newman		Date of Receipt
Mailing Address 913 Southview PI NE		06 26 2007
City	State Zip Code	Transaction ID: 20574271
Lenoir	NC 28645-3755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Lenoir Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Mary Pomeroy		Date of Receipt
Mailing Address 2625 Rolling Hills Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Z O O 7
City	State Zip Code	Transaction ID: 20574272
Monroe	NC 28110-8408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	
Full Name (Last, First, Middle Initial) Dr. Richard Redvanly	_L	Date of Receipt
Mailing Address 4315 Gosford PI		0 6 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20574316
Charlotte	NC 28277-4546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional) .	>	132.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Radiology Ass	d Statements may not be sold or used by any person the name and address of any political committee to ociation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Deborah Agisim Mailing Address 5600 Laurium Rd City Charlotte FEC ID number of contributing federal political committee. Name of Employer Charlotte Radiology Receipt For: Primary General	State Zip Code NC 28226-5610 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20574317 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dr. Alfred Mansour, JR Mailing Address Central LA Imaging 3704 North Blvd Ste City Alexandria FEC ID number of contributing federal political committee. Name of Employer Central LA Imaging Inc. Receipt For:		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20574319 Amount of Each Receipt this Period 83.34
Full Name (Last, First, Middle Initial) Dr. Varian C. Scott, III Mailing Address Radiology Assoc of 2090 Columbiana R City Birmingham FEC ID number of contributing federal political committee. Name of Employer Radiology Assoc of Birmingham	Birmingham PC Id Ste 4400 State Zip Code AL 35216-2152 C Occupation Diagnostic Radiologist	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20574320 Amount of Each Receipt this Period 50.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	173.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 56 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Radiology Associations (In Full)	Statements may not be sold or used by any person e name and address of any political committee to ciation	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Arthur Sandy Mailing Address 2821 Argyle Rd City Birmingham FEC ID number of contributing federal political committee. Name of Employer Advanced Imaging Assoc of AL Receipt For: Primary General Other (specify)	State Zip Code AL 35213-3403 C Occupation Diagnostic Radiologist Aggregate Year-to-Date 510.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20574355 Amount of Each Receipt this Period 85.00
Full Name (Last, First, Middle Initial) Dr. Joel Wissing Mailing Address Charlotte Radiology PO Box 36937 City Charlotte FEC ID number of contributing federal political committee. Name of Employer Charlotte Radiology Receipt For: Primary General Other (specify)	State Zip Code NC 28236-6937 C Occupation Diagnostic Radiologist Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20574358 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dr. Gerald Dodd, III Mailing Address Univ of Colorado HIth 12401 E 17th Ave, Le City Aurora FEC ID number of contributing federal political committee. Name of Employer Univ of Texas Hith Sci Ctr Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 20574359 Amount of Each Receipt this Period 83.34
SUBTOTAL of Receipts This Page (optional) .	<u> </u>	208.34

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 56 (check only one) X 11a
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American College of Radiology Assoc	iation		
ب 4.	Full Name (Last, First, Middle Initial) Dr. Christopher Ullrich Mailing Address Charlotte Radiology P	•		Date of Receipt
	Mailing Address Charlotte Radiology P. PO Box 36937	Α		06 26 7 2007
	City	State	Zip Code	Transaction ID: 20574362
	Charlotte FEC ID number of contributing federal political committee.	C	28236-6937	Amount of Each Receipt this Period 42.00
	Name of Employer Charlotte Radiology PA	Occupation	on tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 752.00	
 3.	Full Name (Last, First, Middle Initial) Dr. William Way, JR	<u> </u>		Date of Receipt
	Mailing Address 7713 Oakmont Pl			06 26 2007
	City	State	Zip Code	Transaction ID: 20574364
	Raleigh	NC	27615-5492	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Wake Radiology	Occupation	on tic Radiologist	
	Receipt For:	, ı —	e Year-to-Date ▼	
	Primary General Other (specify) ▼		440.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Fred Lassiter	I		Date of Receipt
	Mailing Address Charlotte Radiology PO Box 36937			06 26 2007
	City	State	Zip Code	Transaction ID: 20574365
	Charlotte	NC	28236-6937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Charlotte Radiology	Occupation Diagnos	on tic Radiologist	
	Receipt For: Primary General Other (specify) ▼	,	e Year-to-Date ▼ 252.00	
	SUBTOTAL of Receipts This Page (optional)			124.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			124.00

nother than using the name at E (In Full) Radiology Association fliddle Initial) Flotte Radiology Box 36937 Stanta NC Fibuting Indicate C C Company Occurrence C C C C C C C C C C C C C C C C C C C	<u>.</u>	Date of Receipt M M M 26 26 2007 Transaction ID: 20574366 Amount of Each Receipt this Period 42.00
Radiology Association fliddle Initial) Flotte Radiology Box 36937 Sta NC Sibuting Libuting Libutin	pation Inostic Radiologist egate Year-to-Date ▼	Transaction ID: 20574366 Amount of Each Receipt this Period 42.00 Date of Receipt
Ilotte Radiology Box 36937 Sta NC State NC	pation Inostic Radiologist egate Year-to-Date ▼	Transaction ID: 20574366 Amount of Each Receipt this Period 42.00 Date of Receipt
Sox 36937 Sta NC sibuting se. C Occupiaç Diaç Agg Agg fiddle Initial)	pation Inostic Radiologist egate Year-to-Date ▼	Transaction ID: 20574366 Amount of Each Receipt this Period 42.00 Date of Receipt
ibuting see. Coccupiaçue. General Agg Aliddle Initial)	pation Inostic Radiologist egate Year-to-Date ▼	Amount of Each Receipt this Period 42.00 Date of Receipt
General C Occupiaç Agg Aldiddle Initial)	pation nostic Radiologist egate Year-to-Date ▼	A2.00 Date of Receipt
General Diag	nostic Radiologist egate Year-to-Date ▼	<u> </u>
General Agg	egate Year-to-Date ▼	<u> </u>
<u> </u>		<u> </u>
olony Rd		M M / D D / V V V
		06 26 2007
Sta	· ·	Transaction ID: 20574563
ibuting ce.	06117-2214	Amount of Each Receipt this Period 250.00
	pation nostic Radiologist	
General	egate Year-to-Date ▼ 250.00	
fiddle Initial)		Date of Receipt
Sharon Rd		06 27 2007
Sta	'	Transaction ID: 20576321
ibuting ce.	28211-3325	Amount of Each Receipt this Period 42.00
	•	
General		
-	Occu Diag Aggr	Occupation Diagnostic Radiologist Aggregate Year-to-Date eneral

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 56 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	I y not be sold or used by any perso dress of any political committee to	
American College of Radiology Asso	ociation		
Full Name (Last, First, Middle Initial) Dr. Jugesh Cheema			Date of Receipt
Mailing Address 4333 Bell Rd Unit 15	14		06 27 2007
City	State	Zip Code	Transaction ID: 20576322
Newburgh	IN	47630-8168	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer Medical Center of Delaware	Occupation Diagnost	n ic Radiologist	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	240.00	
Full Name (Last, First, Middle Initial) Dr. Susan Mulligan	1		Date of Receipt
Mailing Address 1088 Lullwater Rd N	E		06 27 2007
City	State	Zip Code	Transaction ID: 20576323
Atlanta	GA	30307-1244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Radiology Associates of Birmingham	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) Dr. John Rogers			Date of Receipt
Mailing Address 802 West Gap Creek	Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20703010
Greer	SC	29651-5065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Greenville Radiology	Occupation Diagnost	n ic Radiologist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 252.00	
SUBTOTAL of Receipts This Page (optional)			132.00
			14948.46

TOTAL This Period (last page this line number only)

A.

SCHEDULE A (FEC Form 3X)		Llas asperata ashadula(a)	FOR LINE NUMBER: PAGE 41 / 56
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a
Any information copied from such Reports and Si or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American College of Radiology Associ	ation		
Full Name (Last, First, Middle Initial) Vanguard			Date of Receipt
Mailing Address PO Box 13750			06 29 2007
City	State	Zip Code	Transaction ID: 20735777
<u>Philadelphia</u>	PA	19101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1060.57
Name of Employer	Occupation]
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 6306.35	Interest

SUBTOTAL of Receipts This Page (optional)	•	1060.57
TOTAL This Period (last page this line number only)	•	1060.57

		Use separate schedule(s	5))K LINE neck only		п.			FAC	iE 42/	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b	\square	24 28c	25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American College of Radiology Association	e and address of any politication										
<u>L</u>	Full Name (Last, First, Middle Initial) Collins For Senator Mailing Address PO Box 1096							on ID:	ement		97 Ž 0 ŏ	7 ^Y
	City Bangor Purpose of Disbursement	State Zip Code ME 04402			-	Amou	nt of	Each	ı Disbı	ursem	nent this 2500.0	
	Candidate Name Sen. Susan M. Collins		Ca	01 ateg Typ	ory/							
	· H	ement For: 2008 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Friends of Senator Rockefeller Mailing Address PO Box 1909					Trans Date o		sburs	_		01 Ž 0 Ŏ	7 ^Y
	City Charleston Purpose of Disbursement	State Zip Code WV 25327	Г	01	1	Amou	nt of	Each	Disb	ursem	nent this 2000.0	
	Candidate Name Jay Rockefeller Office Sought: House X Senate President State: WV District:	ement For: 2008 Primary X General Other (specify)		ateg Typ	ory/ e							
	Full Name (Last, First, Middle Initial) Van Hollen For Congress					Trans Date		sburs	ement			V
	Mailing Address 10537 St. Paul Street					0 6			6	L	žoŏ	7
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	NAME OF COMMITTEE (In Full) American College of Radiology Associat		oo or any pomioa		
<u>'</u>	Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund				Transaction ID: 20008647 Date of Disbursement
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	Candidate Name Rep. Charles W. Dent			Category/ Type	
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Senate President	sement For: 2008 X Primary General Other (specify)		
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City Marietta	State Zip Code GA 30060		Amount of Each Disbursement this Perio
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City Midland	State Zip Code MI 48640		Amount of Each Disbursement this Period
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	Allyson Schwartz For Congress					Trans Date						Y	Υ
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NAME OF COMMITTEE (In Full) American College of Radiology Association Full Name (Last, First, Middle Initial) Friends OI Rahm Emanuel Mailing Address P.O. Box 101124 City State Zip Code (Chicago IL Gode) Purpose of Disbursement Candidate Name Rep. Patrick Middle Initial) Committee for Hispanic Causes (CHC Bold PAC) City State: IL District: 05 Full Name (Last, First, Middle Initial) Candidate Name President State: District: District: Disbursement Candidate Name Candidate Name Candidate Name Committee for Hispanic Causes (CHC Bold PAC) City State Zip Code Washington DC 20003 Purpose of Disbursement Office Sought: House Disbursement Candidate Name Committee for Hispanic Causes (CHC Bold PAC) Office Sought: House President State: District: District: District: Disbursement For: Senate President State: District: District: Disbursement Candidate Name Committee for Hispanic Causes (CHC Bold PAC) Office Sought: House President State: District: District: Disbursement Candidate Name Committee for Hispanic Causes (CHC Bold PAC) Office Sought: House President State: District: Disbursement Other (specify) ▼ Transaction ID: 20444130 Date of Disbursement this Z500.0 Amount of Each Disbursement this Transaction ID: 20444186 Date of Disbursement Office Sought: Amount of Each Disbursement this Transaction ID: 20444186 Date of Disbursement Office Sought: Amount of Each Disbursement this Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this Disbursement Tor: Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this Candidate Name Rep. Patrick McHenry Office Sought: Amount of Each Disbursement this					
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Chicago IL 60610 Purpose of Disbursement Cardidate Name Rep. Rahm Emanuel Office Sought:	Mailing Address P.O. Box 101124	ļ			
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Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mchenry For Congress Mailing Address PO Box 1406 City State Zip Code Hickory NC 28601 Purpose of Disbursement Candidate Name Rep. Patrick McHenry Office Sought: X House Senate President Senate Primary General Other (specify) ▼ Transaction ID: 20444186 Date of Disbursement Date of Disbursement		CHC Bold PAC)			
Full Name (Last, First, Middle Initial) Mchenry For Congress Mailing Address PO Box 1406 City State Zip Code Hickory NC 28601 Purpose of Disbursement Candidate Name Rep. Patrick McHenry Office Sought: X House Senate President Disbursement For: 2008 X Primary General Other (specify) Other (specify) Other (specify)	Senate President	Primary			
City State Zip Code Hickory NC 28601 Purpose of Disbursement Candidate Name Rep. Patrick McHenry Office Sought: X House Senate President Disbursement For: 2008 X Primary General President Other (specify) ▼	Full Name (Last, First, Middle Initial)				Date of Disbursement
Hickory NC 28601 Purpose of Disbursement Candidate Name Rep. Patrick McHenry Office Sought:	Mailing Address PO Box 1406				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Candidate Name Rep. Patrick McHenry Office Sought: X House Senate President Disbursement For: A Primary General Other (specify)					Amount of Each Disbursement this Pe
Rep. Patrick McHenry Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)					2000.00
Senate X Primary General President Other (specify) ▼	Rep. Patrick McHenry				
SIGIE. INC. DISTRICT. TO I		X Primary	General		
SUBTOTAL of Disbursements This Page (optional) 6500.0	President	Utilei (speci	<i>37</i>		

TEMPER DISPURSEMENTS	Use separate schedule(s)		R LINE I		n.		L	FAGE	52/5	96
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	24	4 8c	25 29	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)										
American College of Radiology Association	n									
Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Camp	aign			Trans Date o		burse	-		2 Ž 0 0 7	Υ
Mailing Address PO Box 12612				0 6						
City San Antonio	State Zip Code TX 78212			Amou	nt of	Each	Disbu		nt this F	-
Purpose of Disbursement		011						1	500.00)
Candidate Name Rep. Charles A. Gonzalez		Catego Type	ry/							
9 1	ement For: 2008 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)				Trans	actio	n ID:	204	7677	1	
Matheson For Congress				Date o		burse	_			Υ
Mailing Address 677 South 200 West Suite A				0 6		2	6	2	ž 0 ŏ 7	
City Salt Lake City	State Zip Code UT 84101			Amou	nt of	Each	Disbu		nt this F	
Purpose of Disbursement	[011		L.	•		•	1	500.00)
Candidate Name Rep. James D. Matheson		Catego Type	ry/							
Senate X President	ement For: 2008 Primary General Other (specify)									
State: UT District: 02 Full Name (Last, First, Middle Initial)				Trans	actio	n ID:	204	7719	 7	
John S Fund					of Dis			Υ	Y Y	Υ
Mailing Address PO Box 65796				0 6		2	6	2	ž 0 ŏ 7	
City Washington	State Zip Code DC 20035			Amou	nt of	Each	Disbu		nt this F	
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Candidate Name John S Fund		Catego Type								
Senate President	ement For: Primary General Other (specify)									
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IT	EMIZED DI	SBURSEMEN	TS for each	ch category of the ed Summary Page	(check onl	y one) 22 X 23 24 25 3 28a 28b 28c 29 3
					ed by any person	for the purpose of soliciting contributions
V Or	NAME OF COM	·	ng the name and add	aress of any politica	ai committee to so	olicit contributions from such committee
\rangle		ege of Radiology A	Association			
	Full Name (Last, Bachmann Fo	First, Middle Initial) r Congress				Transaction ID: 20477291 Date of Disbursement
	Mailing Address	Box 49756				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Blaine		State MN	Zip Code 55449		Amount of Each Disbursement this Period
	Purpose of Disbu	ırsement			011	1000.00
	Candidate Name Michele Bachn				Category/ Type	
	Office Sought:	X House Senate President	Disbursement For X Primary Other (s			
	State: MN	District: 06				
•	Full Name (Last, Cubin For Con	First, Middle Initial) Igress Inc				Transaction ID: 20477335 Date of Disbursement
	Mailing Address	Post Office Box P O Box 4657	< 4657			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Casper		State WY	Zip Code 82604		Amount of Each Disbursement this Period
	Purpose of Disbu	ursement			011	1000.00
	Candidate Name Rep. Barbara Cubin				Category/ Type	
	Office Sought:	X House Senate President	Disbursement For Primary Other (s			
	State: WY	District: 01		y		
	Full Name (Last, Cubin For Con	First, Middle Initial) Igress Inc				Transaction ID: 20477337 Date of Disbursement
	Mailing Address	Post Office Box P O Box 4657	x 4657			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & 2 & 6 \\ 0 & 2 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	City Casper		State WY	Zip Code 82604		Amount of Each Disbursement this Period
	Purpose of Disbu	ursement			011	1000.00
	Candidate Name Rep. Barbara				Category/ Type	
		lar Harra	Disbursement Fo	r: 2008		
	Office Sought:	X House Senate President	X Primary Other (s	General ▼		
		Senate	1 -			

ITEMIZED DISBURSEMENTS	Use separate schedule	e(s) (check on	E NUMBER: PAGE 54 / 56
	for each category of the Detailed Summary Page	ge 21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)			
American College of Radiology Associa	tion		
Full Name (Last, First, Middle Initial) Commerce, Hope, Innovation Progress	PAC (CHIP PAC)		Transaction ID: 20477340 Date of Disbursement
Mailing Address 228 S WASHINGTON Suite B20			06 20 2007
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	1000.00
Commerce, Hope, Innovation Progress	PAC (CHIP PAC)	Category/ Type	-
Senate President	Primary General Other (specify)	ral	
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 20477359
Prosperity Helps Inspire Liberty Political	Action		Date of Disbursement
Mailing Address PO Box 26366			06 20 2007
City Alexandria	State Zip Code VA 22313		Amount of Each Disbursement this Perio
Purpose of Disbursement Candidate Name		011	2500.00
Prosperity Helps Inspire Liberty Political		Category/ Type	
Senate President	rsement For: Primary General Other (specify)	ral	
State: District: Full Name (Last, First, Middle Initial) Democratic Congressional Campaign C		Transaction ID: 20477449 Date of Disbursement	
Democratic Congressional Campaign C			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address 430 South Capitol Stre	eet Southeas		
	eet Southeas State Zip Code DC 20003		
Mailing Address 430 South Capitol Streen 2nd Floor City Washington Purpose of Disbursement	State Zip Code	011	Amount of Each Disbursement this Period 10000.00
Mailing Address 430 South Capitol Street 2nd Floor City Washington Purpose of Disbursement Candidate Name Democratic Congressional Campaign C	State Zip Code DC 20003	011 Category/ Type	
Mailing Address 430 South Capitol Street 2nd Floor City Washington Purpose of Disbursement Candidate Name Democratic Congressional Campaign C	State Zip Code DC 20003	Category/ Type	Amount of Each Disbursement this Perio

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 55 / 56					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	one)] 22 X 23	24 25 26				
	Detailed Guillinary Fage	27	28a 28b	28c 29 30b				
Any Information copied from such Reports and Statem								
or for commercial purposes, other than using the name	and address of any political co	immittee to son	CIL CONTINUUTIONS FROM	such committee				
NAME OF COMMITTEE (In Full) American College of Radiology Association	1							
/ Timerroan conege of Hadiology Accordance								
Full Name (Last, First, Middle Initial)			Transaction ID:					
Coleman For Senate 08			Date of Disbursem					
Mailing Address 7300 Hudson Blvd Suite	270a		06 / 28	2007				
,	State Zip Code MN 55128		Amount of Each Di	sbursement this Period				
Purpose of Disbursement	I			2000.00				
Open d'alata Managa		011						
Candidate Name Sen. Norm Coleman	'	Category/ Type						
Office Sought: House Disburse	ment For: 2008	- 71						
X	Primary General							
President State: MN District:	Other (specify)							
Full Name (Last, First, Middle Initial)			Tuenesstien ID.	00570005				
Tuesday Group PAC			Transaction ID: 2					
Mailing Address P.O. Box 40385			06 27	['] ^Y ^Y ^Y 0 0 7 ^Y				
Mailing Address P.O. Box 40385			2.	2007				
	State Zip Code		Amount of Each Di	sbursement this Period				
Washington Purpose of Disbursement	DC 20016			1000.00				
r dipose di Disbursement		011						
Candidate Name Tuesday Group PAC		Category/						
	ment For:	Туре						
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial) Price For Congress			Transaction ID: 2					
Mailing Address P.O. Box 425			06 D26	['] 2007				
•	State Zip Code GA 30077		Amount of Each Di	sbursement this Period				
Purpose of Disbursement		-	L	3000.00				
		011						
Candidate Name Rep. Thomas Price		Category/ Type						
<u>'</u>	ment For: 2008	. 750						
Senate	Primary X General							
President State: GA District: 06	Other (specify)							
State. GA DISTRICT. 00								
SUBTOTAL of Disbursements This Page (optional) .		<u> </u>		6000.00				
TOTAL This Period (last page this line number only)				96000.00				

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5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 56/56
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and Staten or commercial purposes, other than using the nam		, ,	, ,
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American College of Radiology Associatio	n		
	Full Name (Last, First, Middle Initial)			Transaction ID: 20737604
	Bank of America			Date of Disbursement
	Mailing Address P.O. Box 27025			06
	City Richmond	State Zip Code VA 23261-7025		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fees	001	713.05	
	Candidate Name		Category/ Type	
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\psi\)		Bank Fees
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	713.05
TOTAL This Period (last page this line number only)	—	713.05